

SIDEWALK VENDOR APPLICATION CHECKLIST

This checklist is designed to assist you in determining the required forms for your business.

REQUIREMENTS BEFORE A PERMIT IS APPROVED:

- Lincoln Food Permit and Food Manager/Handler Permits and State Food Permits are required for the following:
 - 1) Potentially hazardous foods cooked to serve, such as hot dogs, and hamburgers, or handled to serve such as scooped ice cream.
 - 2) Non-potentially hazardous foods, prepared/packaged on site such as popcorn, cotton candy, snow cones, and dispensed beverages.Contact Health Dept. for fees & information at (402) 441-6237.
- State Food Permit only needed for the following:
 - 1) Non-potentially hazardous foods, prepackaged, such as wrapped baked goods and soda in cups with lids.
 - 2) Prepackaged potentially hazardous foods that must be kept hot or cold, such as sandwiches, ice cream bars, packaged hot dogs, etc.Contact Health Dept. for fees & information at (402) 441-6237.
- No Lincoln Food Permit needed for the following:
 - 1) Non-potentially hazardous foods prepackaged single service snack items such as bottled/canned beverages, candy bars, and bagged chips.
 - 2) Fresh produce, whole uncut fruits and vegetables.
- Certificate of Insurance must be provided at time of application.
 - 1) Public liability insurance in the form of a commercial comprehensive general liability policy.
 - 2) Each employee must also be named as either a policy holder or as an additional insured & this must be provided with their application or the application will be returned as incomplete!
- Must supply a Tax I.D.# on application. Contact State Dept. Of Revenue at (402) 471-2971.
- The Bureau of Fire Prevention will review all applications proposing the use of any combustible fuel.
 - 1) Specify type of fuel, location on cart, how fuel cylinder is to be secured to cart.
 - 2) Type & Location of fire extinguisher (minimum 40:BC rated extinguisher required).Contact Chuck Schweitzer, Bureau of Fire Prevention at (402) 441-6441.
- Must meet with the Sidewalk Café Review Committee. The Sidewalk Café Review Committee and Urban Design Committee have **45 days** to return their reports to the City Clerk's Office. Conditions of Approval may be placed on the applicant and/or their employees.
- A criminal history check will be done by LPD. (*Omission of Information on your application is an automatic denial.*)
- Three (3) Prints of a Full-face Photograph of Applicant Taken Not More than 30 Days Prior to the Date of Application must be supplied.
- Photograph or Scale Drawing of the Pushcart or Stand and Any Other Equipment to Be Used. (*Do not need to supply if you are the employee*)
- Fees: \$50.00 Annual Permit Fee for **each** applicant & \$50.00 Annual Occupation Tax for **each cart or stand** must be paid to the City Clerk on the day of Original Permit approval. If cart or stand is already licensed & you are applying as an employee, there is just a \$50.00 Annual Permit Fee.
- Questions? Contact Jeff Cole, Urban Development Office, 808 P St., Suite 400, phone #441-7866.

SIDEWALK VENDOR PERMIT APPLICATION

FEE: \$50.00 Occupation Tax for the Cart or Stand; \$50.00 Permit Fee for the Applicant and/or any Employees

LICENSE YEAR: 1 yr. from date of issuance

RETURN APPLICATION TO:

City Clerk's Office, 555 S. 10th St., Room 103, Lincoln NE 68508

LMC Chapter 14.55

Please PRINT using blue or black ink only.

**ALL QUESTIONS MUST BE ANSWERED & ALL BLANKS FILLED IN
OR APPLICATION WILL BE RETURNED AS INCOMPLETE!**

CHECK ONE: Applying as: _____ Owner _____ Employee

IF APPLYING AS OWNER, HOW MANY CARTS AND/OR STANDS DO YOU WISH TO LICENSE? _____

APPLICANT'S INFORMATION					
NAME:					
DATE OF BIRTH:				SSN#:	
HOME ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE #:		FAX:		OTHER #:	

MAILING ADDRESS					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

BUSINESS INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
STATE SALES TAX #:					
PHONE #:		FAX:		OTHER #:	

OWNER OF VENDING BUSINESS' INFORMATION (if different than Applicant)					
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NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:		OTHER #:	

RECORD OWNER OF CART AND/OR STAND					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:		FAX #:		OTHER#:	

PLEASE LIST EMPLOYERS FOR LAST FIVE YEARS:

<u>FROM:</u>	<u>TO:</u>	<u>EMPLOYER:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST RESIDENCES FOR LAST FIVE YEARS:

<u>FROM:</u>	<u>TO:</u>	<u>ADDRESS:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAS APPLICANT EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC

OFFENSE? ☐ YES ☐ NO *(Omission of Information is an automatic denial.)*

IF YES, PLEASE LIST THE OFFENSE, APPROXIMATE DATE & PLACE BELOW:

<u>OFFENSE:</u>	<u>APPROX. DATE:</u>	<u>PLACE:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAS APPLICANT EVER BEEN **CONVICTED** OF AN OFFENSE OTHER THAN A MINOR TRAFFIC
OFFENSE? _____ YES _____ NO (Omission of Information is an automatic denial.)

IF YES, PLEASE LIST THE OFFENSE, APPROXIMATE DATE & PLACE BELOW:

OFFENSE:	APPROX. DATE:	PLACE:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ITEMS FOR SALE: _____ Food _____ Fresh Flowers _____ Balloons

IF FOOD ITEMS, PLEASE CHECK THE APPROPRIATE TYPE:

- _____ Potentially hazardous foods cooked to serve, such as hot dogs, and hamburgers, or handled to serve such as scooped ice cream.
- _____ Non-potentially hazardous foods, prepared/packaged on site such as popcorn, cotton candy, snow cones, and dispensed beverages.
- _____ Non-potentially hazardous foods, prepackaged, such as wrapped baked goods and soda in cups with lids.
- _____ Prepackaged potentially hazardous foods that must be kept hot or cold, such as sandwiches, ice cream bars, packaged hot dogs, etc.
- _____ Non-potentially hazardous foods prepackaged single service snack items such as bottled/canned beverages, candy bars, and bagged chips.
- _____ Fresh produce, whole uncut fruits and vegetables.

PLEASE DESCRIBE FOOD ITEMS TO BE SOLD *IN DETAIL*:

PLEASE LIST THE DAYS OF THE WEEK APPLICANT WISHES TO OPERATE YOUR PUSH CART (*i.e.*
Monday thru Friday): _____

PLEASE LIST THE HOURS OF THE DAY THE APPLICANT WISHES TO OPERATE THE PUSH CART OR
STAND (*i.e.* 11 a.m. to 11 p.m.): _____

WILL THERE BE USE OF ANY COMBUSTIBLE FUEL? _____ Yes _____ No
IF YES, PLEASE SPECIFY THE TYPE TO BE USED: _____

PLEASE GIVE THE LOCATION ON THE CART OR STAND WHERE THE FIRE EXTINGUISHER IS TO
BE LOCATED (MIN. 40:BC RATED FIRE EXTINGUISHER REQUIRED): _____

ATTACHMENTS

- THREE (3) PRINTS OF A FULL-FACE PHOTOGRAPH OF APPLICANT TAKEN NOT MORE THAN 30 DAYS PRIOR TO THE DATE OF APPLICATION.
- PHOTOGRAPH OR SCALE DRAWING OF THE PUSH CART AND/OR ANY OTHER EQUIPMENT TO BE USED. *(Do not need to supply if you are the employee)*
- FEES: \$50.00 Annual Permit Fee for each applicant & \$50.00 Annual Occupation Tax for each cart must be paid to the City Clerk on the day of Original Permit approval. If cart is already licensed & you are applying as an employee, it is just a \$50.00 Annual Permit Fee.
- INSURANCE: Applicant shall at all times maintain public liability insurance in the form of a commercial comprehensive general liability policy with a minimum combined single limit of \$500,000 aggregate for any one occurrence, naming the City of Lincoln as an additional insured. The coverage herein shall be subject to review and approval by the City Attorney. **Required for employees also!**

CONSENT TO INVESTIGATION

The applicant, being first duly sworn upon oath, states that he/she has made the foregoing application; that he/she has read and signed the same and knows the contents thereof and that all statements contained therein are true.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, and said applicant hereby waives any rights or causes of action that said applicant may have against the City of Lincoln, the Police Department of the City of Lincoln and any other individual or agency disclosing or releasing said information to the City of Lincoln or the Police Department of the City of Lincoln.

Subscribed in my presence and sworn to before me this _____ day of _____, _____.

Signature of Applicant

Notary Public

My Commission Expires: _____

Applications are available on the City's web site at "www.lincoln.ne.gov".

REFERRALS

Please sign or initial "APPROVED" or "DENIED" & date.

P.W. - SIDEWALK INSPECTOR:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPT.:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

FIRE PREVENTION BUREAU:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

HEALTH DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

URBAN DEVELOPMENT - JEFF COLE

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

PLANNING & URBAN DESIGN COMMITTEE - ED ZIMMER

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____
